Introduction to Hormones and Weight Loss

Hi, ladies. Welcome back to Mastering the Menopause Transition Summit. I am your host, doctor Sharon Stills. I am always, as you know, excited to be here sharing, learning and growing with you all.

And today is no exception to that. We are going to have an amazing conversation with my guest about things that might be getting in the way of you losing weight, and why your hormones and cellular metabolism are important factors in how we lose weight or don't lose weight.

So I know you're all excited, right? We always get all excited when we're talking about weight loss because we're women, and that's just how we roll. So grab a pen, grab piece of paper.

You're going to want to keep taking notes. You're going to keep wanting to build that. That web of all the things that are impacting and the things that stand out to you and what you want to be focusing for on your transitions.

So my guest today is Betty Marie. She is a dear friend and colleague. She is a PhD candidate. She is a self-proclaimed science nerd. So we are going to geek out a little, which is always fun.

She helps women 40 and over harness their hormones to lose weight, to optimize sleep, to restore their energy, to thrive in life. And she's made four key discoveries that lead to hormone imbalances.

And we are going to talk about some things that you don't hear so often as to what might be getting in your way. So welcome. Welcome, Betty. I am thrilled to have you here.

Thank you so much for having me. I'm so excited and thrilled for the ladies to learn from your your knowledge and studying to be a PhD. That's no easy feat.

So yeah, you know, and actually my my PhD, what I was really looking at was hormone metabolism. It's literally been centered in that I have so far down that rabbit hole which is bad.

Right. So yeah, it's it's very good. It is. So I always start usually by saying, you know, what would you like us to know about you and how did you get into this?

Do you? We were laughing before we came live. Do you have a personal story? And most of us who are in this field, we have personal stories. So if you would mind sharing your story with with the audience so we can just get started there.

Sure, sure. So my personal story is I was very interested in medicine and in high school and went off to college, decided I was going to be pre-med, got into college, and I was I was a typical kid of the 80s.

And, you know, as soon as I got into college, I was like, wow, that looks like a lot of work. You know, I don't know if I want to be in school that long.

You know, I'd taken a couple business classes kind of on the side, trying to figure out what I really wanted to do, even though I loved science. And so really, that sort of took me off on this journey.

And I got out of school with a, you know, a business degree, ended up in sales and marketing and oddly enough, I have an affinity for technical, anything technical, scientific.

But I ended up getting swept in the technology boom in the early 90s. So one of the only females I was a first female hired by the company that I worked for and immediately started working about 80 hours a week, you know, on call 365 days a year.

And I did it for almost 11 years.

Betty Marie's Personal Health Journey

During that time period, I actually was diagnosed with colitis, and I'd had put pieces of that that had happened in episodes in my life, but but never to the degree that when that stress really kicked in and, you know, everything was sort of falling apart and so when I remember when I was talking to the doctor, and if anybody doesn't know what that is, it's an autoimmune digestive disorder, you know, unfortunately, very common and very common in women.

And my first question was, can I change my diet? You know, couldn't I do something on my diet? And he literally barked a laugh in my face and said, it has nothing to do with your diet.

And and, you know, I tend to have you'll come to find out somewhat of a sarcastic but dark sense of humor. And I was like, okay, I'm going to go take classes because I think I can do some things for myself before I start taking these fast drugs.

So I went into classes in nutrition, two masters later a second, and I have MCP. So I go get a bunch of certifications. I've been in practice for almost 18 years.

I own a gigantic medical center with functional medicine is the underpinning, and I've been able to do this for a very long time. And oddly enough, I spent just as much money and actually more time in school than if I had just gone to med school to begin with.

Of course. I love so, yeah, so that was that was the start of it. But then I hit my 40s and then everything sort of went sideways till I started getting my health back.

But then my hormones really went sideways. And that's kind of where I started going. Okay, there's an intersection as women that we get, we got to get burned.

We get burned for our fertility. We get the joy of being able to give birth and have children, but we suffer diseases. Sorry, that's my dog suffered diseases at a much greater rate than men, particularly chronic diseases like autoimmune conditions and other things.

So that was really what drove me to look for more information. And just have to go back to that comment of the GI doctor saying it has nothing to do with your diet.

It and that still goes on today. I still have patients today who are told that, and it's just so mind blowing that how could you possibly think, right.

I mean, everything has to do with your diet, but especially a digestive issue. And so I love when I hear these stories where that inspired you to then go help yourself and then learn so you can help others.

That's just so cool. Yeah. Thank you. So tell us, tell us, tell us. Let's talk first. I know you talk about estrogen and how too much in perimenopause not enough.

And menopause can lead to changes in the cells that slow the metabolism. So let's kind of unpack that for the listeners for starters. Absolutely. So I would say probably the majority of the women on this on the summit have probably heard, well, you know, your metabolism just slows down as you get older and you probably need to cut your carbs because then you'll be able to lose weight.

So just cut your carbs because that's going to lower the hormone insulin, whose job is to pick up this carbs and take them to the cells to burn, or to take them to the fat cells to store.

And you'll lose weight, right? But that is a gross oversimplification. So as you stated, when we have fertility, estrogen, and balanced fertility with the other hormones like progesterone and testosterone, what happens is estrogen is actually leaning.

So it actually helps your body stay lean. But you know, we hit our 40s and we see this decline that naturally occurs in progesterone. And it declines kind of slowly, which is why we see fertility issues.

So what happens is is estrogen is unopposed. So we have this excess estrogen relative to progesterone which causes the weight gain and the sleep issues and the hot flashes and weird periods and all that stuff.

So what ends up happening is there's a feedback loop between estrogen and insulin. So we become more insulin resistant. But when you hit menopause, then everything sort of drops.

Everything goes to zero. And then there's an acceleration of weight loss I mean I'm sorry weight gain. Right. So the average woman is expected to gain somewhere between, you know, 5 to 10 pounds just in the first year after menopause because of the loss of estrogen, particularly if they're not replacing. So.

So when we look at that, it's can't just be about insulin and it can't just be about estrogen. Because if that were the case I could do a ketogenic diet, I could do a high protein, low carb diet.

And at some point I'd be able to drive down insulin and get it low enough that I should be able to make my body burn fat because I don't have a lot of sugar circulating. Right.

That's the goal of those diets. So it's really things that are happening. And the missing piece is inside the cell, in the powerhouse, in the actual cell itself.

There are mechanisms at play that are affected by estrogen that make us very different from men. And I think most women would say if they've ever gone on any kind of dietary change with a partner, a friend or whomever, that's a male, we have a dramatically different experience when it comes to weight loss.

In most cases, they just, you know, they stop drinking beer and maybe a few less pizzas. And like, this comes right off, you know. So the thing. Yeah. So so the hormones are important.

But there's other things at play in your other hormones like adrenal hormones, stress hormones, thyroid hormones.

Estrogen, Insulin, and Menopause Weight Gain

There's a symphony there and they're all important. But the other side of that is there's many, many things going on inside the cell that really affects whether the cell can actually burn your fuel or not.

So what do you recommend for women to do? Do you not recommend the keto or the high protein diets for some, for the women who are listening, who are like, yes, I have that 10 pounds and it just loves me so much, I want to get rid of it, but it really.

Yeah. So, you know, what's interesting is, is, you know, our, our genetics. So our genes, we have one copy from mom, one copy from dad. And so it's that combination that makes us who we are.

Well 95% of our genetics are shared among humans. Makes us we're not unique in that 95%. But that 5% is quite unique. And those are the ones that are really probably influenced on our environment, our epigenetics, what we eat, think, do, breathe.

And those genes we're altered. So if there's a mutation on one, it's often because our ancestors had different

pressures. So a way to think about that is if my ancestor hail from northern Europe, they had months where it was cold, there was no vegetables to be found.

They had to chase down the only rabbit in town to eat right. They got really good at storing fat and making it through very cold winters. Now, if my family's hails from the Fertile Crescent or, you know, a tropical area, food is always plentiful, right?

So I have different genes around how my body handles foods. So the other part of it is, you know, I kept looking around because I kept looking at women because as soon as I hit my 40s, it was like my high protein, you know, weightlifting, high intensity but not too intense exercise failed to work.

And that worked all the way through my 20s and 30s. It was like no matter what I did, it quit working. But then I looked around and I was like, well, I have this friend over here who's the same age I am, and she's, you know, everybody has one of these.

They're like, I have a cheeseburger and French fries and, oh, I have a milkshake. And they never gained weight. They never have, like, they feel fine.

Right. And so the other question I had is, what is it about our genetics that makes us different, you know, so some women do really well on like a ketogenic diet that might be higher in fat, moderate protein, low low carb.

Why happen to carry several genes, but two particular ones where I hyper absorb saturated fat I try to ketogenic diet. I actually gained weight, gained weight fairly rapidly.

My cholesterol actually went nuts. And it's because I absorb fat really, really well. I also carry a couple genes where I also am not a very good carbohydrate metabolism, but that's my my body's preferred fuel source.

So what that means is, is my body, once carbohydrates is very reticent to give up fat period. Because it says, well, I'm just going to eat until you eat again.

So in some ways, a high protein, low carb diet may work, but it may not work for everybody. And what I often see in my practice is I get a lot of women that are like, I am seriously doing all the right things.

You know, I'm eating protein, I'm getting plenty of protein and what they may be having is they may be having a situation where their body is literally waiting for carbohydrates.

And there's things that are happening in the liver as we go through menopause, where the body actually produces glucose through gluconeogenesis. That's the technical term for it out of your proteins.

And so that gets amplified in some of those individuals. So in some cases there's some genes that sort of lean into that that help us define maybe where our where our macro lines are, where we may need to be a little more cognizant of how we eat.

You know, as a general rule, particularly as we get older in these other metabolic changes that happen in the cell or going on. So it's so individualized.

And I think there's a lot of women right now listening on how, wow, it's not me. It might be my gene expression, but it's not that I'm doing the wrong thing, I'm just doing the wrong thing for my genetics.

And so that's that's just a relief, right? It is a total relief. It's total relief. So do you have for the women listening? Do you have like general diet rules that you have found that work for everyone or for different groups of women, or how to have what how do you approach that?

Yeah, absolutely. So let me share a little bit about what's happening inside the cell, because I think that's super important because we talked about it.

We talked about the hormones that are outside the cell and what they're really doing. Right. So estrogen either high or low is going to cause a problem.

Your other hormones are going to cause problems with it if they're out of balance. And then your especially your metabolic hormones like insulin are going to cause issues. Right.

So inside the cell. So insulin job think of it as a key. So it's a key. And it's there to kind of open the door and allow glucose into the cell blood sugar so it can get burned.

And then we have epinephrine whose job is to pull fat into the fat cell to burn. And they do that in opposition. So you can't do both at the same time.

So inside the cell we have a thing called the mitochondria. That's your powerhouse. So we can have a mitochondria that's like an amped up Tesla. But we can have a mitochondria.

That's in 1984. You go that's still on the road right. And when we go through menopause what happens is, is there's three there's four different mechanisms, but there's two inside the cell that are very, very important.

So one of the things that happens is we have an interaction effect of Astron actually as receptors on mitochondrial activity. And when we burn fuel in the powerhouse.

So think of that. It's got it's a it's a fast burning machine.

Genetics and Individual Diet Responses

I want a lot of glucose to go in. There are a lot of fat. And I want it to be able to do it very quickly. We also have a campfire outside. Outside of the powerhouse that we can use for short term, like sprinting.

Right? But we don't want to be in the campfire all the time because it doesn't make enough, enough real energy. So one of the mechanisms the body does that affects which which burning pathway we have is whether we're using glucose with oxygen or without.

Right. So if I don't have enough oxygen, my powerhouse isn't going to run just like a coal burning fire plant or, power plant. So there's a pathway called the polyols pathway, and it's affected of the cell and it's affected at the liver. It's affected all over the place.

And what happens in the polyols pathway is glucose as a fuel. Your blood sugar gets transitioned into fructose. And when we are in menopause, when we lose estrogen, fructose levels become higher in the bloodstream because that gets amplified in women.

So everybody's probably heard. And if you haven't, you don't want to eat high fructose corn sirup because it metabolizes like beer without the buzz. So essentially what happens is when I eat that, it goes straight to the liver.

It bypasses insulin's control. Right? So we don't have any control of insulin. And insulin is kind of necessary. And it goes straight to the liver and it gets metabolized initially as fat.

So it stores in the liver as fat. And then it gets metabolized as fat. And so then it's part of our mitochondrial response for starvation. It's what the body does to help make sure that we can gain body fat in a starvation response.

When estrogen jobs that goes rapidly up, rapidly up. So the production of fructose does that. The other thing that happens inside the cell is our powerhouse has a messenger that tells it if the cell is safe or not.

And that is uric acid. Uric acid inside the cell gets produced when it's damaged. But you're a cat. And then we see uric acid outside the cell in the bloodstream.

And we think of things like gout. But uric acid is the final fat switch. It is what controls whether that powerhouse is running at full steam or not. It is the mechanism in which all animals that hibernate hibernate.

So if it's a bear and it needs to gain weight over the summer so it can hibernate in the winter, uric acid climbs inside the mitochondria. So that marker does and the powerhouse slows down.

And then we're going to have weight gain as a byproduct of it. Every animal has it. Every animal has it. In women, uric acid, as soon as estrogen goes down by design, climbs inside the cell and we can see it in the bloodstream.

What the research shows is that if you're uric acid. So if you want to run a test, your ass is pretty cheap, easy to do if your uric acid is over 4.4, your fat switches on.

And if I'm eating high fructose corn sirup, your fat switches on. If my body is converting glucose to high fructose corn sirup, your fat switches on. Right?

And so those are two major mechanisms inside the cell. And then we have other things about transporting glucose to the cell like in muscle cells that gets much slower.

It's called glute for. So if you've ever wondered like why the jiggly bits on the side of my thighs and on my butt won't come off, it's because they're first on, last off the nerves and the the electronic signaling and your neurotransmitters, things like epinephrine that are supposed to go in there, like pull the fat into the system, actually slow down, and then the glucose transport or the sugar transport, they give it the Uber driver that is there that's supposed to pick up sugar and take it to the muscle cell, which you're supposed to use to burn, won't burn it.

So you get you get this sort of slowing down. And then the nervous system is playing a role. So you have these four major mechanisms, right. So again you look at it, you go okay some some genetic uniqueness.

Well the nice thing is you could probably ask yourself some questions and figure out like do I seem really sensitive if I eat high saturated fat foods, do I pick up weight?

Sometimes you can figure that out without doing genetics. I mean, obviously I do them, but if we look at it, we go, okay, if I know that I want to watch fructose and I want to watch my sugar intake and I need to make sure uric acid isn't high, then I can make some dietary changes that would be universal, regardless of what your genetics are, because that's the thing.

You know, we have people that may even have some of these mechanisms at play, but because they're living their lifestyle in such a way, they don't really see it, right?

So they don't necessarily see this, you know, weight gain. It's tends to happen. So one of the things that I like for people to do and you know, when I work with women I have a group program and I have individual and is we always have to address the hormones first. Right?

So we have to make sure that if we have blood sugar problems, insulin problems, that we do force the keys to change, right? So we may use a therapeutic approach of a high protein, low carb and possibly a, you know, not a very high, high fat diet for a very short period of time, a therapeutic window to sort of force those hormones into behaving themselves.

Right. But, you know, the thing that I was looking for in my PhD is I wanted to find how I could help somebody repair that metabolic flexibility, because that's what's happened, is you've lost flexibility.

Your body's like, forget it, I want sugar. And that's it. And if I don't get it, I'm going to make it right. And and what I wanted was to help figure out how to create that flexibility.

So if you had a high fat meal, your body's like, got it, I'm going to burn it. If I had a high carbohydrate meal, it's like, great. You went out with your girlfriends, you had a glass of wine and some chocolate and you're okay.

And so the first step is really fixing that major hormone message outside the cell. The second step is really addressing those cellular mechanics that I was talking about.

And I know I got super geeky on that, but it's very simple to get things like uric acid to come down. It's actually not that high. So the first thing we think about is we want to make sure that we're not doing obviously high fructose corn sirup ever again. Never.

And it's hiding. And things like catch up and salad dressings that also includes your skinny margarita made with agave. Because agave is pretty much all fructose.

So you want to get rid of refined fructose. Things like fruits are fine because they've got the fiber and stuff built in. No liquid calories, no sports drinks, energy drinks, skinny margaritas.

Not saying that you can't have a, you know, adult beverage every once in a while, but those skinny margaritas aren't good because we're going to amplify that fructose activity.

So I want to get those things out of my diet. And I don't want a lot of refined sugar, especially in the beginning. What? We're trying to fix things. The other thing is, is what the research shows.

And I didn't do this research, but, Doctor Rick, Rick Johnston did and looked at it. And what they found is if you ate foods that naturally raised uric acid, that would turn the switch on on its own.

So, you know, you look at what really changed in the last 40 years with the American, you know, waistline. Basically we had obesity, you know, in the 70s.

But the relative ratio in the population is so much more today.

Inside the Cell: Mitochondria and Fat Storage

We can look at bad seed oils, high fructose corn sirup and food additives. So uric acid is going to be raised when you eat things that are aged aged cheeses, charcuterie, salami, beer, wine, hard liquor, sugar.

Right. Somebody said that he ruined it for me. I love I love a nice little plate of cheese right. So we don't want to raise those. But guess what else raises uric acid?

A bunch of the flavor enhancing things we do. So anything tasting umami right. Soy sauce. So mommy's a fifth flavor. Savory right. It's add flavor. So anything with yeast extract, auto lysed, yeast extract, natural flavor enhancements, all of those things drive uric acid up in the cell because it's damaging the cell.

And the cell thinks there's a problem and your wine and your beer, it's because they contain yeast. So if I have foods with a lot of yeast in it, yeast is actually going to raise uric acid also. So if I keep that in check, it doesn't mean I can't ever have a piece of parmesan.

If I do dairy, it just means I can't do it every day, right? One of the other things that is really important, and this again, is Doctor Johnson's work, not mine, is if you're dehydrated.

This one made me stop in my tracks. Actually, I was listening to him on an interview, and I had to pull over on the side of the road and go, wait a minute, did I just hear that correctly?

When you're dehydrated? So let's say you didn't drink enough water today. You get ready to eat and you have a little bit of carbohydrates with your meal.

Maybe it's a good carbohydrate, maybe it's sweet potato, or maybe it's brown rice. When you eat that carbohydrate under under a dehydration state, that polyols pathway enzyme will take the glucose from that.

So as you digest it and break it down, it puts glucose into the bloodstream. And there'll be some other carbohydrates that get into the bloodstream. But your body will actually convert that through an enzyme in the bloodstream to fructose and stored as fructose.

That's groundbreaking right there. So how many times have you eaten dehydrated I eat like oh my gosh like huge huge. So staying hydrated actually helps stop some of that fat storage activity because it actually slows your body from making fructose.

Well, and I love that because we know hydration. We know, oh you got to be hydrated. It'll help you lose weight. But that's the science behind it. So yes yes it's not just dilution.

It's like it's it's it's necessary. And here I'll give you a little secret on the dehydration. They took people that had high blood pressure that were sensitive to salt.

So their blood pressure would go up. If you drink enough water and dilute doesn't make a difference. The blood pressure doesn't climb at all. It's all about the how thick your blood is with sediment because you're dehydrated.

So that is enormous. Enormous. And then one of the other things I talked about, like the muscles not really moving glucose in and out. So obviously when we work with women, we work through all those things and we sort of have this protocol that we walk through, you know, but we want to be able to turn on those muscle cells to burn fat.

So what's really interesting is obviously moving, you know, physically moving, but not over exercising, because a lot of people are doing that. Like I carry the hardware that that actually increases my likelihood for cardiovascular disease.

So if I'm a gym rat doing, you know, CrossFit or triathlons, which I did a lot, you know, those kind of things. I'm actually damaging my cardiovascular system because I can't recover from it. Right.

So the right exercise is important. So moving is important. But all of you probably know people like this because I'm not like this. You know, people that sort of twitch their twitchy or their like nervous habit.

Like my husband always has some part of him moving. So they found that people that have that sort of, you know, twitchy sort of abnormal kind of movements burn on average 5 to 800 calories more a day than somebody who doesn't do that.

And it's because of what it does, the central nervous system, it changes it. So moving and actually making sure you're not just sitting sedentary when you aren't exercising is helpful.

And actually doing things that aren't really rhythmic also. So it's not like dancing. It has to be a little bit abnormal. But you don't have to kill yourself doing exercise and you can do some of those other things that really, really make a difference and help not only correct the problem, because that's part of it.

We got to correct the problem, create metabolic flexibility, and then have a maintenance program where I don't feel like I'm starving to death, which is a lot of times what people feel like they're doing right, which is not a fun way to live at all. No.

So they're going to take out the fructose and you say fruit. Fruit is okay, because I know a lot of people are thinking, well, what about fruit? Because that's fitness.

So you're okay with the fruit and what other things then can they be doing to help that the the fat burning switch turned off. So so you want to eat whole natural foods.

So think whole natural foods. Not a lot of processed foods. Right. Because obviously that's going to raise your blood sugar. And they're going to have all those flavor additives in there that's going to make them taste good.

But they're not going to help your your cells do what they need to do. And if you are a fan of wine and cheese and, you know, charcuterie, those kind of things, you can have it just don't have it frequently because those things are high in nitrates.

They raise uric acid. They're going to they're going to cause some of those activities to happen. And again, looking at hydration and making sure that you're hydrated before you go into a meal.

So when those carbohydrates hit the blood stream, they get used appropriately and stored appropriately or utilized in the muscles appropriately. Those things are gigantic.

And when you say not to have it frequently, what? How do you define that? Can you have a wine once a month in your opinion, or just fine? Because I feel like we all have different definitions.

I don't do it frequently. I only do it five times a week. That's right. Yeah, exactly. Like how often do you do it daily or what? Right. So you know, so I always think of everything I think about is about food quality.

Right. So the first thing I look at is can I get a wine that's got less junk in it, right. Low sulfite wine. You know, there's companies. You know, I'm not earning anything off of this, but dry farmed wines is some of the best where you don't have all the junk in it.

The low in sugar. You know, the thing is, is wine and alcohol shut down your liver's ability to actually metabolize fat. And unfortunately, in women, some of us have like a hairpin sort of thing.

Like one glass might do it, you know, statistically, two glasses will do it. But I can tell you as you get older, it slows it down. So if I'm having a glass of wine every night at dinner, it may be just enough that it's screwing up everything good I did the earlier that day, you know?

So what? So the way I live my life, I love wine. I, you know, back before I went back to school for nutrition, I mean, I believe me, I, I Somalia, you know, that was a big deal.

Uric Acid, Fructose, and Food Triggers

Like to go to wineries, figure this stuff out. But I kind of look at it like school nights, like I, you know, I don't have kids at home, so. But I'm going to be good Sunday night through Thursday night, right?

School night. I don't need to drink every night. Right. But I mimic the habit. So I might have a wine glass with a topo in it and a little lime, and maybe even an umbrella, because some of it is the ritual that we have around it, you know?

So a lot of times it's not even about that. It's a ritual. So I keep the ritual. Right. That's another really great thing to do. And then on the weekends I allow myself to have it and I make sure I'm well hydrated.

Right. So, you know, pick a good wine or, you know, even if you do things like, you know, tequila or a clean, clean vodka, those are also very low carbohydrates, you know, relatively easy to metabolize.

You know, you can you can kind of pick your poison there. I would stay away from beer. Beer cause we call it beer. Get for a reason. Exactly. I prescribed bourbon like two times this week because I'm like, you can drink bourbon, you can drink gin, you can drink tequila.

So make it, stay away from all the other things. And I love, love, love the ritual. Yeah. So you can be having your fancy champagne or wine glass and fill it with water.

Sparkling water. And because I think that's such an important point, you bring up that sometimes it's not even what it's doing. It's just the the ritual of, this is me time.

And so I think it's important for us to really look at what is our mealtime. And are we doing beneficial things during our mealtime, or are we doing things that are kind of sabotaging where we're trying to get to?

And so I love that. Yeah, absolutely. You know, yeah, I think it's I think so much of the time those habits come in and we sort of make that association.

But it's but it really, really has very little to do with that. You know, I've helped people quit smoking in a million other things by keeping the ritual and replacing the habit.

And it's not smoke the carrot. Yeah, I haven't, I haven't cut down literally cut down straws. I'm like, you need to cut down straws and breathe through a straw or perfectly every time you go.

So how much do you think? Because when we think about weight gain, we think about thyroid, we think about stress. We think about what we are eating. We think about how we are aren't moving.

We think about sleep. How much of that do you think plays a role into women having a hard time? Do you think that's really important to be addressing as well?

Super relevant. You know, we can't supplement or even diet past a bad lifestyle. You know, I you could eat a flawless diet, but if you're sleeping four hours a night and you're overworking out or your hormones are out of balance because you don't have really balanced thyroid, or your stress chemistry is so, so high that you can't function for me like I have braces on because I'm doing pilot expansion for airway for sleep, because that was a huge part of repairing some of my metabolic damage.

Huge, huge. I went back into braces for almost four years. At 49 years old, it stinks. But it but it was so important for me to get airway because I was I don't have sleep apnea.

I have a thing called upper airway resistance where I was having too many rouses at night. So I would wake up at, you know, 1230, 1:00 in the morning, and I sleep for 15 minutes and I'd be up all night long.

And I did it for decades. But when I hit my late 40s, I was like, I can't do this anymore. I don't know what's wrong, you know? So you have to have those other things.

And we got to remember that those hormones are a symphony. And if any one of them are wildly out of balance, stress or thyroid, the body wants to bring harmony.

None of it's ever broken, but it will down regulate your sex hormones or down regulate thyroid to try and balance everything. And so you have to address those things and you have to you have to do the lifestyle pieces with it.

So a lot of times I'm telling people to slow down a bit, not speed up a bit. Yeah. Always. Yeah. Yeah always build star for doing nothing. Yeah yeah. And I have some that will get mad at me.

They'll be like I have to work out five days a week and I'm like, this is causing your problems. I'm not saying don't work out. We just need to do it in a smarter way.

Absolutely. If you haven't listened to the interview with Deb Atkinson, we talk all about that. So brilliant. I hear you. And which is such a relief. It's like, oh, I can take the day off and it's doing good for me.

I don't have to be push, push pushing. Part of our transition is learning. It's okay to slow down. It's okay to love ourselves. It's okay to be nurturing. We don't have to.

We're turning around the way we think about. We don't need kudos for. I used to think when I was much younger, oh, I can get by and for I was asleep and I'm amazing.

And that ended up kicking me in the butt later because when we do that to ourselves, at some point, it always

catches up and we pay the price. And it's important to to love ourselves and have good, good habits.

So anything else that you want to share with the women about what they can be doing at home, or what's getting in the way of their weight loss because you're just a wealth of knowledge.

You know, I think, you know, there's one piece, you know, like as I get very much into the science, but, you know, there's there's the other side of the science, too, which is the science of kind of mindset and loving yourself.

And, you know, often we use exercise is our greatest form of punishment for whatever we did the day before the day of. And, you know, we stand in the mirror and we pick apart, you know, but we don't like.

And I think, you know, what's so beautiful about this transition into this season of life. And it's why I very much and, you know, really, really wanting to help women with this is I believe we can change the world.

I think it's women in this time period of life have such an extraordinary opportunity to be the best, whoever you want to be, whether it's I want to be the best painter, I want to be the best mom, the best daughter, the best sister, the best lover, the best whatever.

But my experience has been a lot of times I'll hear when I don't hate my body anymore, when I feel like I can get in front or step into this next thing.

Because this I don't like the vehicle I'm in. And so I really, really want women to understand that the vehicle here, if it's showing you in a way that you don't want to see, like I don't like what I see in the mirror, it's because it loves you and it thinks it's doing the right thing based on the chemistry and the other input it's getting.

And that a lot of the times, if we can stop beating ourselves up and start doing some of the things or exploring some of the things, or tapping into some of those things that we've been putting on hold, you know, maybe we painted 35 years ago and we haven't picked up a paintbrush, you know, whatever it might be, and that if we start loving ourselves, it becomes so much easier because our chemistry and our brain is run off of our thoughts, both conscious and unconscious.

And as we start to shift those in and step into those, it's, you know, it's amazing how much things open up. I mean, I wear a bikini, I haven't worn a bikini in years.

And I about 49. I was like, don't like looking at it. Don't look. I just like I like looking at it. I'm going to be in it, you know? And do I have scars and, you know, things. Yeah.

I don't care exactly. That whole the new Sports Illustrated swimsuit model, which we're filming this a little earlier than it's airing, but that came out and it has women on it who's not a size zero.

And it's all and there's so much discussion around it. And she looks like a lot of women who are walking the earth. And so we've been, you know, used to be back in the Renaissance days, the big curvy voluptuous that was that was sexy.

And women were trying to gain weight.

Hydration, Exercise, and Metabolic Flexibility

And so we, we kind of get this what society wants us to believe. And yes, you know, there's a point of where you want to be healthy, but you can be healthy and, you know, have a little flab right here.

Healthy. Healthy comes in different packages. You know, younger women have really grasped on to the body positivity. And again, I'm a nutrition expert.

So yes, there is that I want somebody to be healthy composition. You know, because we want longevity in a long

health span. But but so they've embraced that.

But you know I remember flipping through and I'm not on social media a lot but flipping through it. And I'm like most people are age. You know why? Why aren't we posting those pictures of ourselves in bikinis and stuff like that?

Like, come on. Yeah, we're going to have a master of the menopause transition bikini day. That's right. Right. Because we are beautiful both inside and out.

Yeah. Yes, yes yes. Believe that I love that and I believe that so much. And I believe the mindset and the self-love is such a root foundation of how we heal and that yes, we are.

We are the women who can change the world. We there's something about aging and coming into yourself and that you do. You have to harness the moment, the when I prevents you.

There will always be a. When I as we go down the road, we'll get to that when I and then we'll create another when I because it's it's a mentality rather than now I will and stepping into the moment and honoring the moment and seizing the moment.

So I love that you brought that up. And we're in we're in this. My favorite thing to talk about is mindset and self-love and mindfulness. But I do want to circle back because as you're talking, I want to just go back to two things the uric acid, because I think that's something I just want to really delineate it out again, for the women listening so they can ask their physician to run that in their blood work. Yep.

And the optimum range, because uric acid, it's got, you know, quite a range. Yeah. So what would you tell them again just so they can jot it down. Get ready to jot this down everyone.

This is a note taking one. So you take acid. Usually the lab ranges are going to be like six. And above is considered abnormal meaning that you might be at risk for gout.

Right. Which is a painful joint. Joint problem from it. Really, what you want it to be is under 4.4. If it's above that, then that means that that switch is turned on, right?

So that means that you're just think of it I have a Tesla opportunity. But I chose to drive the Yugo today for my energy burning. So so I want to I want to bring uric acid down so I can drive my Tesla so my my cells can burn fuel more quickly and more efficiently, because that's really where the power happens.

And the best way to bring that down is to take those things like high fructose corn sirup, processed foods, foods with food additives, yeast extracts like look for that MSG flavor enhancements, flavor, you know, natural flavorings.

Those kind of things are often derived from yeast. And then your aged foods like cheeses, charcuterie, wine, beer you can have a little bit, but you just don't want to have a whole lot of that in your diet.

I'll give a really good example. So let's say I'm a woman that I have. Let's say I have a smoothie in the morning with like a half of banana and protein powder and some other stuff in it. Perfect.

You had a great breakfast, but at lunch I bring, I don't know, a Progresso soup or something like that. Right. And you're like, oh, but it's only 207 calories, right?

See, you have that at lunch. And then you go home at dinner. You have a glass of wine while you're making dinner and you have a couple snacks. Maybe you've have a few Doritos, maybe it's a nacho cheese Dorito or whatever.

And then you have your dinner, and at your dinner you have cheese on top of it. And then later on that night, you know, you might have a little bit of cheese on something else or whatever that dose that you had all day.

The soup had a ton of yeast extracts in it. The uric acid is going to go up. If I had a bunch of cheese on my food

and wine, and let's say I had maybe some pasta with it and I'm dehydrated, now it's going to all go up.

So if I just go, okay, I can have maybe my glass of wine at night, but I'm not going to have a soup that has yeast extract. So now you can find them. You just have to look.

You have to be careful, you know, so I can make choices because it's about the total dose throughout the day. Not that you could remove it completely because you can't.

But if you want to make sure that you're not getting too much of it, just so that so it's not a supplement you take to bring it down. It's really what you're putting in your mouth that brings it down.

And then can it be does anyone need to be concerned if their uric acid is too low or not really. Not really. I mean, quercetin can lower it, so quercetin can bring it down a little bit.

Even things like tart cherry, tart cherry we use to lower it when we're looking at just, you know, uric acid levels for gout, luteal and also has an effect on it as well.

So everybody that was taking quercetin during, Covid may have helped themselves out a little bit. Yeah. You go. And then the other question, because you've mentioned genetics, I'm sure the women listening, is there a test you like?

Is there specific testing if you just speak a little to the. Yeah, there's a lot of different genetics tests out there. The one I use is by the DNA company.

If you want me to share, I can share the website where they can find it. That's up to you. You know? Yeah. DNA company. I think I have a DNA company out here.

Lifestyle, Mindset, and Self-Love in Midlife

Yeah. So me. So DNA company is great because they actually, they went further than anybody else. So they didn't just look at individual genes because that's what most labs do.

You have this gene, do this, this gene do this because genes work in concert with each other. So they're, they're they're a pathway in a network. So they do that and then they actually did studies on 7000 people and tested their theory.

So other gene companies just produce a report. So I use that one because it can tell me all those things, not only about how you're genetically wired.

What dietary things do we need to watch for? What exercise do we need? Are you hormone toxic? Which we didn't talk about, but can you get rid of your estrogens and things like that?

And then I can also tell you what your behavior type is. So are you somebody that you're good as long as you're interested in it. And then all of a sudden you're like, yeah, I had a rough day today and I fall off for about a week.

I can tell by looking at your genes, because that stuff is how you're wired, and we just need to find a way around it, which is why we have group programs and coaching and other stuff.

Because some, most people have, we fall off the wagon because it's how we're wired. So I love that DNA test. I think it's I think it's well worth getting it because it answers the why.

Yeah, I use them as well. I think they're they've got a lot of good information. That's awesome. Well I want to just like keep geeking out with you, but, folks, we're almost out of time.

Any any last, last things nuggets that you just want to share with us before we go down? I just think, you know, if

you feel frustrated, just know there's hope that this isn't, you know, you're not lost.

Like, no matter what's happened up until this point, we're not lost. You know? It's not lost, okay? And you have a free gift or two. Can you just a little bit about that.

So there'll be a link I guess in the notes. But there's going to be a link to what's your hormone type quiz. So I talked about the hormones being a symphony and they need to be balanced.

So this is a very short takes like two minutes to take it, which will tell you kind of what your major hormone imbalance is. It your thyroid your adrenals, your sex hormones, menopause, liver function, insulin.

So you can kind of get an idea of what that major player combination is. And so it's really, really easy. Awesome. Yeah. Because there's always, you know, there's always things driving it that are creating other problems and other hormones.

It's kind of good to know, like where your basis where where you need to start, where the where the point of entry is so amazing. Well thank you. This was just so helpful and so much useful information that women can just harness right now or go to your doctor.

You have some new tests you want to look at and run, and just a different way of thinking about how you eat and knowing that if something's not working for you, then there's something else that will work for you.

And not all things work for everyone. And so there is hope. So thank you so much for taking time out of your busy, busy schedule and being here with us today.

And I know you all love this one. I love this one. So we learned a lot today and we'll be back with another, another episode and another interview. Till then, stay well and I'll get your uric acid levels checked and start evaluating your diet.

Because what Betty said, it made me think a lot of times, as she was saying, like, it's the cheese. And then it's the wine. And so we start off with good, well-meaning and often it's like the little things we're doing and we don't even realize.

But these little things are impacting us in a negative way. And so we have to really stop and take. And I love having patients write diet diaries down.

Doesn't have to be for the rest of your life, but just for a week even, and eating what you're going to eat. I always laugh because a lot of patients, when they have to write diet diaries for me, they get really strict because they don't want me to see what they're eating.

And I'm like, well, that that defeats the purpose. So like, be real. Do you know, judgment just going to help. But, you know, writing down what you're eating is such a helpful tool because sometimes we don't even realize it.

We're like, oh, I don't really eat a lot of cheese. But then we write it down and we're like, put cheese on the sandwich. At lunch, I took the shredded cheese and it starts adding up.

So great, great, great. Thanks everyone will be back again soon. Be well till then. All right. Thanks.